

Table S1. Inclusion and exclusion criteria definitions.

Criteria	Definition
Outpatient cardiology visit definition	Any OHIP claim with LOCATION=O (office) and at
	least one of the following OHIP fee codes:
	• A605 = Consultation (patient 17+)
	• A600 = Comprehensive cardiology
	consultation
	• A675 = Limited consultation
	• A606 = Repeat consultation
	• A603 = Medical specific assessment
	• A604 = Medical specific re-assessment
	• A601 = Complex medical specific re-
	assessment
	• A608 = Partial assessment
History of heart failure	Patient must satisfy at least one of the following
,	definitions:
	Acute myocardial infarction:
	DAD or NACRS claim with ICD-10 code
	I21 or I22 as the most responsible diagnosis
	• Coronary revascularization (PCI or CABG)
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	• CCI codes for CABG: 1IJ76
	CCI codes for PCI: 1IJ50, 1IJ57GQ, 1IJ54 CCN definition for PCI. Primary reason for
	CCN definition for PCI: Primary reason for material is appropriately disease.
	referral is coronary artery disease
	(RemovalReasonCD='PS' AND
	removaldate > 0 AND
	(Cath_ScheduledPciIND=Y OR
	Cath_StagedPciIND=Y OR Cath_SSPiIND
	=Y) • *Note: IF
	Cath InterventionProcAbortedIND='Y'
	_
	or Cath_DiagnosticProcAbortedIND='Y'
	then remove
	CCN definition for isolated CABG:
	RemovalReasonCD='PS' AND
	surgery_bypassSurgeryIND=Y and
	surgery_aorticValvesurgeryIND=N and
	surgery_mitralvalveSurgeryIND=N and
	TricuspidvalveSurgeryIND=N and
	Surgery_otherValveSurgeryIND=N
	• Cardiac catheterization with evidence of
	significant epicardial coronary stenosis
	• Coronary angiogram (Y) with angiographic
	findings of either: left main artery stenosis of >=50%

OHIP= Ontario Health Insurance Plan; DAD= Discharge Abstract Database; NACRS= National Ambulatory Care Reporting System; CCI= Classification of Health Interventions; PCI=percutaneous coronary intervention; CABG= coronary artery bypass and graft; CCN= Canadian Cardiovascular Network; LAD= left anterior descending artery; RCA= right coronary artery.

remove as procedure was aborted.